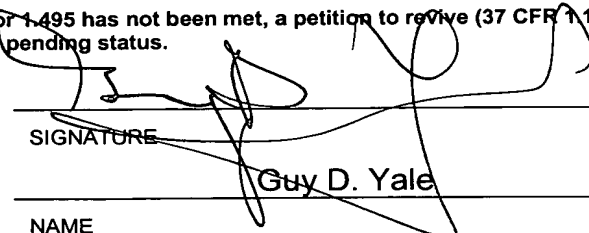


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U.S. APPLICATION NO. (if known, see 37CFR 1.5) 10/069081				INTERNATIONAL APPLICATION NO. PCT/EP00/07204		ATTORNEY DOCKET NUMBER DHN/322/PC/US	
17. <input checked="" type="checkbox"/> The following fees are submitted: BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)): Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37CFR 1.445 (a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO \$ International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO \$ International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO \$ International preliminary examination fee paid to USPTO (37 CFR 1.482) but all claims did not satisfy provisions of PCT Article 33 (1) - (4) \$ International preliminary examination fee paid to USPTO (37 CFR 1.482) but all claims satisfied provisions of PCT Article 33 (1) - (4) \$				CALCULATIONS		PTO USE ONLY	
ENTER APPROPRIATE BASIC FEE AMOUNT =				\$ 890.00			
Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$			
CLAIMS	NUMER FILED	NUMBER EXTRA	RATE				
Total claims	20 - 20 =	0	X \$	\$ 0			
Independent claims	2 - 3 =	0	X \$	\$ 0			
MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+ \$	\$ 0			
TOTAL OF ABOVE CALCULATIONS =				\$ 890.00			
Reduction of ½ for filing by small entity, if applicable.				\$ 445.00			
SUBTOTAL =				\$ 445.00			
Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f))				\$			
TOTAL NATIONAL FEE =				\$ 445.00			
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property.				\$			
TOTAL FEES ENCLOSED =				\$ 445.00			
				Amount to be refunded: \$			
				Charged: \$			
a. <input checked="" type="checkbox"/> A check in the amount of \$ 445.00 to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account Number 16-2563 in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 16-2563 A duplicate copy of this sheet is enclosed.							
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.							
SEND ALL CORRESPONDENCE TO: Guy D. Yale, Esq. Alix, Yale & Ristas, LLP 750 Main Street, Suite 1400 Hartford, Connecticut 06103				SIGNATURE  NAME Guy D. Yale 29,125 REGISTRATION NUMBER			